Section L
Required Data Elements

This section indicates the data elements that are to be included in EDI transmission of First Reports of Injury and Subsequent Reports of Injury. Specific requirements depend upon the type of transaction reported (original report, change, correction, etc.) The transaction type is identified by the Maintenance Type Code, or MTC.

To fully understand the reporting requirements for each data element, please see **both** the data requirement tables and the associated conditional rules and implementation notes. The Conditional Rules and Implementation Notes tables provide specific details on when conditional requirements for each data element apply, as well as California implementation notes.

WCIS Data Requirement Codes

The WCIS incorporates flexible data handling. Rather than requiring all data elements on all reports, WCIS specifies a minimal list of data items that must be provided in a given situation. Each data element is designated as Mandatory, Conditional, or Optional for each transaction type. Validity errors for required data elements are designated Fatal, Serious, or Minor.

The table below describes the designations of data requirements in the WCIS. The data requirements tables that follow specify which designation applies for each data element on a given transaction.

Code		Description
M/F	Mandatory/ Fatal	Reporting is Mandatory. Validity errors are Fatal and will result in rejection of the faulty record.
M/S	Mandatory/ Serious	Reporting is Mandatory. Validity errors are Serious: WCIS will accept the faulty record but will produce an error message.
M/M	Mandatory/ Minor	Reporting is Mandatory. Validity errors are regarded as Minor. No error message will be returned. Errors will be tracked internally and may be summarized periodically for each claims administrator.
C/F	Conditional/ Fatal	Reporting is Conditional. Validity errors are Fatal when reporting conditions are present and will result in rejection of the faulty record.
C/S	Conditional/ Serious	Reporting is Conditional. Validity errors are Serious when the reporting conditions are present. WCIS will accept the faulty record, but will produce an error message.
C/M	Conditional/ Minor	Reporting is Conditional. Validity errors are regarded as Minor, often because WCIS cannot detect the conditions under which these elements should be reported. No error message will be produced.
O	Optional	Reporting is Optional. No error messages will be produced.
*		An asterisk added to a requirement code indicates that the edit will only be tested if the relevant record or sub-record is supplied. Note that there may be requirements on DN78-DN82 to require that at least one sub-record be sent.

Note: Error severity levels may evolve over time. Ample notification will be provided of any planned changes.

Data Requirements for First Reports of Injury
Release 1

	Maintenance Type Codes				
Original	Acquired / Unallocated	Cancel	Denial	Change, Correction	Upon Request
00	**AU**	**01**	**04**	**02, CO**	**UR**

DN#	Release 1 Data Element Name

Transaction

DN#	Data Element Name	Original	Acquired/Unallocated	Cancel	Denial	Change, Correction	Upon Request
1	Transaction Set Id	M/F	M/F	M/F	M/F	M/F	M/F
2	Maintenance Type Code	M/F	M/F	M/F	M/F	M/F	M/F
3	Maintenance Type Code Date	M/F	M/F	M/F	M/F	M/F	M/F

Jurisdiction

DN#	Data Element Name	Original	Acquired/Unallocated	Cancel	Denial	Change, Correction	Upon Request
4	Jurisdiction	M/F	M/F	M/F	M/F	M/F	M/F

Insurer

DN#	Data Element Name	Original	Acquired/Unallocated	Cancel	Denial	Change, Correction	Upon Request
6	Insurer FEIN	M/F	M/F	M/F	M/F	M/F	M/F
7	Insurer Name	M/F	M/F		M/F	M/S	M/F

Claim Administrator

DN#	Data Element Name	Original	Acquired/Unallocated	Cancel	Denial	Change, Correction	Upon Request
8	Third Party Administrator FEIN	C/M	C/M	C/M	C/M	C/M	C/M
9	Third Party Administrator Name	C/M	C/M		C/M	C/M	C/M
10	Claim Administrator Address Line 1	M/M	M/M		M/M	M/M	M/M
11	Claim Administrator Address Line 2	C/M	C/M		C/M	C/M	C/M
12	Claim Administrator City	M/M	M/M		M/M	M/M	M/M
13	Claim Administrator State	M/M	M/M		M/M	M/M	M/M
14	Claim Administrator Postal Code*	M/F	M/F		M/F	M/F	M/F

Employer

DN#	Data Element Name	Original	Acquired/Unallocated	Cancel	Denial	Change, Correction	Upon Request
16	Employer FEIN	M/S	M/S		M/S	M/S	M/S
18	Employer Name	M/S	M/S		M/F	M/S	M/S
19	Employer Address Line 1	M/M	M/M		M/M	M/M	M/M
20	Employer Address Line 2	C/M	C/M		C/M	C/M	C/M
21	Employer City	M/M	M/M		M/M	M/M	M/M
22	Employer State	M/M	M/M		M/M	M/M	M/M
23	Employer Postal Code	M/S	M/S		M/S	M/S	M/S
24	Self Insured Indicator	M/F	M/S		M/F	M/S	M/F

Conditional Rules and Implementation Notes
First Report of Injury: Release 1

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Transaction	
1	Transaction Set Id	
2	Maintenance Type Code	
3	Maintenance Type Code Date	
	Jurisdiction	
4	Jurisdiction Code	CALIFORNIA EDIT: Must be "CA".
	Insurer	
6	Insurer FEIN	If self-insured, provide Employer FEIN in this field.
7	Insurer Name	If self-insured, provide Employer Name in this field.
	Claim Administrator	
8	Third Party Administrator FEIN	
9	Third Party Administrator Name	
10	Claim Administrator Address Line 1	
11	Claim Administrator Address Line 2	
12	Claim Administrator City	
13	Claim Administrator State	
14	Claim Administrator Postal Code	Must be a valid US Postal code.
	Employer	
16	Employer FEIN	If employer has no FEIN, send "000000006"; If employer refuses to provide, send "000000007".
18	Employer Name	
19	Employer Address Line 1	
20	Employer Address Line 2	
21	Employer City	
22	Employer State	
23	Employer Postal Code	Must be a valid US Postal code.
24	Self Insured Indicator	
	Accident	
31	Date of Injury	CALIFORNIA EDIT: Must be on or after 9/1/1999. Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
33	Postal Code of Injury Site	Must be a valid US Postal code.
35	Nature of Injury Code	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
36	Part of Body Injured Code	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
37	Cause of Injury Code	
38	Accident Description/Cause	
39	Initial Treatment	
40	Date Reported to Employer	
41	Date Reported to Claim Administrator	Must be a valid date.

Conditional Rules and Implementation Notes
First Report of Injury: Release 1

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Claim	
5	**Jurisdiction Claim Number/Agency Claim Number**	Rel 1: For FROI MTC=01, 02, CO and all Subsequent Reports: If (TPA FEIN [DN 8] and Insurer FEIN [DN 6] are missing) OR (Claim Admin Claim Number [DN15] is missing), then Agency Claim Number (DN5) is Mandatory.
15	**Claim Administrator Claim Number**	For FROI MTC=01 and all Subsequent Reports (except 02 & CO): If JCN (DN5) is missing, then Claim Administrator Claim Number (DN15) is Mandatory.
26	**Insured Report Number**	
	Employee	
42	**Social Security Number**	
43	**Employee Last Name**	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
44	**Employee First Name**	Rel. 1: If MTC=AU AND Jurisdiction Claim Number (DN5) not provided, then Mandatory.
45	**Employee Middle Initial**	
46	**Employee Address Line 1**	
47	**Employee Address Line 2**	
48	**Employee City**	
49	**Employee State**	
50	**Employee Postal Code**	
51	**Employee Phone**	
52	**Employee Date of Birth**	
53	**Gender Code**	
54	**Marital Status Code**	
55	**Number of Dependents**	
56	**Date Disability Began**	
68	**Date of Return to Work**	
57	**Employee Date of Death**	
	Employment	
58	**Employment Status Code**	
59	**Class Code**	Rel. 1: If (MTC=00, AU, 04, 02, CO, or UR) AND Self Insured Indicator (DN24)=N, then Mandatory.
60	**Occupation Description**	
61	**Date of Hire**	
62	**Wage**	
63	**Wage Period**	If Average Wage (DN62) provided, then Mandatory.
65	**Date Last Day Worked**	
67	**Salary Continued Indicator**	

Data Requirements for First Reports of Injury
Release 1

Maintenance Type Codes					
Original	Acquired / Unallocated	Cancel	Denial	Change, Correction	Upon Request
00	**AU**	**01**	**04**	**02, CO**	**UR**

DN#	Release 1 Data Element Name

Accident

DN#	Name	Original	Acquired/Unallocated	Cancel	Denial	Change, Correction	Upon Request
31	Date of Injury	M/F	C/F		M/F	M/F	M/F
33	Postal Code of Injury Site	M/S	M/S		M/S	M/S	M/S
35	Nature of Injury Code	M/S	C/S		M/S	M/S	M/S
36	Part of Body Injured Code	M/S	C/S		M/S	M/S	M/S
37	Cause of Injury Code	M/S	M/S		M/S	M/S	M/S
38	Accident Description/Cause	M/M	M/M		M/M	M/M	M/M
39	Initial Treatment	O	O		O	O	O
40	Date Reported to Employer	M/S	M/S		M/M	M/S	M/S
41	Date Reported to Claim Administrator	M/S	M/S		M/S	M/S	M/S

Claim

DN#	Name	Original	Acquired/Unallocated	Cancel	Denial	Change, Correction	Upon Request
5	Agency Claim Number		C/M	C/F	C/M	C/F	C/M
15	Claim Administrator Claim Number	M/F	M/F	C/F	M/F	M/F	M/F
26	Insured Report Number	O	O		O	O	O

Employee

DN#	Name	Original	Acquired/Unallocated	Cancel	Denial	Change, Correction	Upon Request
42	Social Security Number	C/M	C/M		C/M	C/M	C/M
43	Employee Last Name	M/F	C/F		M/F	M/S	M/F
44	Employee First Name	M/F	C/F		M/F	M/S	M/F
45	Employee Middle Initial	C/M	C/M		C/M	C/M	C/M
46	Employee Address Line 1	M/M	M/M		M/M	M/M	M/M
47	Employee Address Line 2	C/M	C/M		C/M	C/M	C/M
48	Employee City	M/M	M/M		M/M	M/M	M/M
49	Employee State	M/M	M/M		M/M	M/M	M/M
50	Employee Postal Code	M/M	M/M		M/M	M/M	M/M
51	Employee Phone	C/M	C/M		C/M	C/M	C/M
52	Employee Date of Birth	M/S	M/S		M/S	M/S	M/S
53	Gender Code	M/S	M/S		M/S	M/S	M/S
54	Marital Status Code	C/S	C/S		C/S	C/S	C/S
55	Number of Dependents	C/S	C/S		C/S	C/S	C/S
56	Date Disability Began	C/M	C/M		C/M	C/M	C/M

Data Requirements for First Reports of Injury
Release 1

June, 2005

Maintenance Type Codes					
Original	Acquired / Unallocated	Cancel	Denial	Change, Correction	Upon Request
00	**AU**	**01**	**04**	**02, CO**	**UR**

DN#	Release 1 Data Element Name

Employee cont.

		Original	Acquired/Unallocated	Cancel	Denial	Change,Correction	Upon Request
68	Date of Return to Work	C/M	C/M		C/M	C/M	C/M
57	Employee Date of Death	C/M	C/M		C/M	C/M	C/M

Employment

		Original	Acquired/Unallocated	Cancel	Denial	Change,Correction	Upon Request
58	Employment Status Code	M/M	M/M		M/M	M/M	M/M
59	Class Code	C/S	C/S		C/S	C/S	C/S
60	Occupation Description	M/S	M/S		M/S	M/S	M/S
61	Date of Hire	M/M	M/M		M/M	M/M	M/M
62	Wage	C/M	C/M		C/M	C/M	C/M
63	Wage Period	C/S	C/S		C/S	C/S	C/S
65	Date Last Day Worked	C/M	C/M		C/M	C/M	C/M
67	Salary Continued Indicator	M/M	M/M		M/M	M/M	M/M

NOTE: # DN14 is the Postal Code of the physical location of the Claims Administrator handling this claim.

Data Requirements for Subsequent Report of Injury
Release 1

		Maintenance Type Code															
		Initial Payment	Acquired Payment	Full Salary	Compensable Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspensions	Suspensions	Reinstatement of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
		IP	AP	FS	CD	4P	04	CA	CB	RE	P1-9, PJ	S1-9, SJ	RB	02, CO	PY	FN	AN	UR
DN#	**Release 1 Data Element Name**																	
	Transaction																	
1	Transaction Set Id	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
2	Maintenance Type Code	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
3	Maintenance Type Code Date	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Jurisdiction																	
4	Jurisdiction	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Insurer																	
6	Insurer FEIN	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Claim Administrator																	
8	Third Party Administrator FEIN	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M
14	Claim Administrator Postal Code*	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Accident																	
31	Date of Injury													M/F				
	Claim																	
5	Agency Claim Number	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F
15	Claim Administrator Claim Number	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	C/F	M/F	C/F	C/F	C/F	C/F
26	Insured Report Number													O				
73	Claim Status					M/S	M/S							M/S	M/S	M/S	O	
74	Claim Type	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
76	Date of Representation	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M

Data Requirements for Subsequent Report of Injury
Release 1

DN#	Release 1 Data Element Name	Initial Payment IP	Acquired Payment AP	Full Salary FS	Compens-able Death CD	Partial Denial 4P	Denial 04	Change in Amount CA	Change in Benefit CB	Reduced Earnings RE	Partial Suspensions P1-9, PJ	Suspen-sions S1-9, SJ	Reinstate-ment of Benefits RB	Change, Correction 02, CO	Payment PY	Final FN	Annual AN	Upon Request UR
	Employee																	
42	Social Security Number													C/M				
55	Number of Dependents													C/S				
56	Date Disability Began	C/S	C/M	C/S					C/S				C/S	C/S				C/S
70	Date of Maximum Medical Improvement	C/S	C/S						C/S					C/S				C/S
71	Return to Work Qualifier	C/M	C/M	C/M				C/M	C/M	M/S	C/S	C/S		C/M				C/M
72	Date of Return/Release to Work	C/M	C/M	C/M				C/M	C/M	M/S	C/S	C/S		C/M				C/M
57	Employee Date of Death				M/S						C/S	C/S		C/M		C/S		
	Employment																	
62	Wage	M/S	M/S					M/S	M/S					M/S				M/S
63	Wage Period	M/S	M/S					M/S	M/S					M/S				M/S
67	Salary Continued Indicator			M/M										M/M				
	Payments																	
77	Late Reason Code	C/M	C/M	C/M			C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M
	Variable Segment																	
78	Number of Permanent Impairments	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
79	Number of Payments/Adjustments	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
80	Number of Benefit Adjustments	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
81	Number of Paid to Dates/Reduced Earnings/Recoveries	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
82	Number of Death Dependent/Payee Relationships	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	Permanent Impairments																	
83	Permanent Impairment Body Part Code	C/S	C/S						C/S					C/S	C/S	C/S		C/S
84	Permanent Impairment Percentage	C/S	C/S						C/S					C/S	C/S	C/S		C/S
	Benefit Payments																	
85	Payment/Adjustment Code	M/F	M/F	M/F	M/S			M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/S	C/S	C/S	M/F
86	Payment/Adjustment Paid to Date	M/F	M/F	M/F				M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/S	C/S	C/S	M/F
87	Payment/Adjustment Weekly Amount	O	O	O		O		O	O	O	O	O	O	O	O	O	O	O
88	Payment/Adjustment Start Date	M/F	M/F	M/F	C/F			M/F	M/F	M/F	M/F	M/F	M/F	C/F				M/F

Data Requirements for Subsequent Report of Injury
Release 1

	Maintenance Type Code															
Initial Payment	Acquired Payment	Full Salary	Compens-able Death	Partial Denial	Denial	Change in Amount	Change in Benefit	Reduced Earnings	Partial Suspen-sions	Suspen-sions	Reinstate-ment of Benefits	Change, Correction	Payment	Final	Annual	Upon Request
IP	AP	FS	CD	4P	04	CA	CB	RE	P1-9, PJ	S1-9, SJ	RB	02, CO	PY	FN	AN	UR

DN#	Release 1 Data Element Name

Benefit Payments (Continued)

DN#	Release 1 Data Element Name	IP	AP	FS	CD	4P	04	CA	CB	RE	P1-9,PJ	S1-9,SJ	RB	02,CO	PY	FN	AN	UR
89	Payment/Adjustment End Date	M/F	M/F	M/F		C/F		M/F	M/F	M/F	M/F	M/F	M/F	C/F				M/F
90	Payment/Adjustment Weeks Paid	O	O	O		O		O	O	O	O	O	O	O				O
91	Payment/Adjustment Days Paid	O	O	O		O		O	O	O	O	O	O	O				O

Data Requirements for Subsequent Report of Injury
Release 1

DN#	Release 1 Data Element Name	Initial Payment (IP)	Acquired Payment (AP)	Full Salary (FS)	Compens-able Death (CD)	Partial Denial (4P)	Denial (04)	Change in Amount (CA)	Change in Benefit (CB)	Reduced Earnings (RE)	Partial Suspen-sions (P1-9, PJ)	Suspen-sions (S1-9, SJ)	Reinstate-ment of Benefits (RB)	Change, Correction (02, CO)	Payment (PY)	Final (FN)	Annual (AN)	Upon Request (UR)
	Benefit Adjustments																	
92	**Benefit Adjustment Code**	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M				C/M
93	**Benefit Adjustment Weekly Amount**	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M				C/M
94	**Benefit Adjustment Start Date**	C/M	C/M	C/M				C/M	C/M	C/M	C/M	C/M	C/M	C/M				C/M
	Paid to Dates																	
95	**Paid to Date/Reduced Earnings/Recoveries Code**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M		C/M	C/S	C/M
96	**Paid to Date/Reduced Earnings/Recoveries Amount**	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M	C/M		C/M	C/S	C/M

Conditional Rules and Implementation Notes
Subsequent Report of Injury: Release 1

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
	Transaction	
1	Transaction Set Id	
2	Maintenance Type Code	If MTC = CB or RB, then must be preceded by at least one previous benefit event of any BTC. If MTC = FS, then must contain benefit record with BTC = 240 or 524. If MTC = RE, then must contain benefit record with BTC = 070 or 410. If MTC = CD or FN, then all previously reported benefit periods must be closed. If MTC = FN or AN, then must report all previously reported Benefit Type Codes. If MTC = VE, BM, BW, MN, QT, or SA reported transaction will be rejected.
3	Maintenance Type Code Date	
	Jurisdiction	
4	Jurisdiction	CALIFORNIA EDIT: Must be "CA".
	Insurer	
6	Insurer FEIN	If self-insured, provide Employer FEIN in this field.
	Claim Administrator	
8	Third Party Administrator FEIN	
14	Claim Administrator Postal Code	
	Accident	
31	Date of Injury	CALIFORNIA EDIT: Must be on or after 9/1/1999.
	Claim	
5	Jurisdiction Claim Number/Agency Claim Number	Rel 1: For FROI MTC=01, 02, CO and all Subsequent Reports: If (TPA FEIN [DN 8] and Insurer FEIN [DN 6] are missing) OR (Claim Admin Claim Number [DN15] is missing), then Agency Claim Number (DN5) is Mandatory.
15	Claim Administrator Claim Number	For FROI MTC=01 and all Subsequent Reports (except 02 & CO): If JCN (DN5) is missing, then Claim Administrator Claim Number (DN15) is Mandatory.
26	Insured Report Number	
73	Claim Status	
74	Claim Type	
76	Date of Representation	
	Employee	
42	Employee Social Security Number	
55	Employee Number of Dependents	
56	Date Disability Began	If reporting temporary disablity benefits (DN85=050, 051, or 070), then Mandatory.
70	Date of Maximum Medical Improvement	If reporting permanent disability benefits (DN85=020, 021, 030, 040, or 090), then Mandatory.
71	Return to Work Qualifier	Rel. 1 only: If MTC=S1 or MTC=P1 (returned to work), then Mandatory.
72	Date of Return/Release to Work	If MTC=S1 or MTC=P1 (returned to work), then Mandatory. Must be a valid date.
57	Employee Date of Death	If MTC=P4 or MTC=S4 or [MTC=FN and transaction includes any benefit type code (DN85) = 010 or 510], then Mandatory.
	Employment	
62	Wage	
63	Wage Period	If Wage (DN62) provided, then Mandatory.
67	Salary Continued Indicator	
	Payments	
77	Late Reason Code	
	Variable Segment	
78	Number of Permanent Impairments	Rel. 1 EDIT: Must be >0 if [MTC={IP, AP, AB, CB, PY, FN, SROI 02 or SROI CO} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})]; SERIOUS error, R1 code = 62; required segment not present

Conditional Rules and Implementation Notes
Subsequent Report of Injury: Release 1

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
79	Number of Payment Adjustments	Rel 1 only. FATAL EDIT: If [MTC={IP, AP, FS, CA, CB, RE, Px, Sx, or RB}] then DN 79 must be >0; SERIOUS EDIT: If[MTC=4P or (MTC=PY and DN 81 = 0) or (MTC={AN or FN} and Claim Administrator previously reported events with DN 86>0) then DN 79 must be > 0; R1 error code = 62; Required segment not present
80	Number of Benefit Adjustments	
81	Number of Paid to Dates/Reduced Earnings/Recoveries	Release 1 EDIT: If [(MTC=PY and DN 79 = 0) or (MTC=AN and Claim Administrator previously reported events with DN96>0)] then must have DN81>0. FATAL Error, R1 code = 062: Required segment not present.
82	Number of Death Dependent/Payee Relationships	

Permanent Impairments

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
83	Permanent Impairment Body Part Code	Use Codes 90 (Multiple Body Parts) or 99 (Whole Body) to reflect combined rating for all impairments. Rel. 1: If [MTC={IP, AP, AB, CB, PY, FN, SROI 02, SROI CO or SROI UR} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})] then Mandatory.
84	Permanent Impairment Percentage	Report percent for DN83=90 (Multiple Body Parts) or 99 (Whole Body) to reflect combined rating for any/all impairments Rel. 1: If [MTC={IP, AP, AB, CB, PY, FN, SROI 02, SROI CO or SROI UR} AND starting or updating PD benefits (i.e. DN86>0 AND DN85={020, 021, 030, 040 or 090})] then Mandatory.

Benefit Payments

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
85	Payment/Adjustment Code	Rel. 1: If [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory. (See also Implementation Note on DN 79).
86	Payment/Adjustment Paid to Date	Rel. 1: If [(MTC=AN or MTC=FN) AND database includes any open or closed benefit records with DN86>0], then Mandatory. (See also Implementation Note on DN 79).
87	Payment/Adjustment Weekly Amount	
88	Payment/Adjustment Start Date	Note: If using DN85/DN86 to report a lump-sum payment or settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date. Rel. 1: If {MTC=4P AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0)} then Mandatory.
89	Payment/Adjustment End Date	EDIT: Must be >= Ben. Period Start Date (DN88). Note: If using DN85/DN86 to report a lump-sum payment or settlement (MTC=PY or FN), MTC Date is assumed to be payment issue date. Rel. 1: If {MTC=4P AND denying temporary disability or Voc. Rehab. Maintenance (DN85 = 050, 051, 070, or 410) } OR {(MTC=SROI 02 or CO) and (DN 86 > 0)} then Mandatory.
90	Payment/Adjustment Weeks Paid	
91	Payment/Adjustment Days Paid	

Benefit Adjustments

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
92	Benefit Adjustment Code	
93	Benefit Adjustment Weekly Amount	
94	Benefit Adjustment Start Date	

Paid to Dates

DN#	Data Element Name	Notes or explanation of Conditional Requirements (C/F or C/S)
95	Paid to Date/Reduced Earnings/Recoveries Code	Rel. 1 only: If MTC=AN AND Claim Administrator previously reported events with DN96>0, then Mandatory.
96	Paid to Date/Reduced Earnings/Recoveries Amount	Rel. 1 only: If MTC=AN AND Claim Administrator previously reported events with DN96>0, then Mandatory.